



City of Detroit



Human Rights Department Executive Order # 2014-2

Discrimination & Harassment Complaint Form

City of Detroit Employees Only

Claimant's Name (Your Name):	Respondent's Name:
Claimant's Complete Address:	Respondent's Department & Division:
Department & Division:	Respondent's Classification:
Classification:	Telephone:
Telephone:	Respondent's Supervisor:
Supervisor Name & Telephone:	Supervisor's Telephone:

Have you filed a complaint involving the same transaction or occurrence with any other city, state, federal civil rights agency, department or commission? (please circle): Yes (Date Filed?) No

What is the name of the agency? (please circle): ☐ MDCR ☐ EEOC ☐ Other

What was the final outcome of this complaint? : _____

Executive Order No. 2014-2 Complaint (Discrimination & Harassment Policy)

Please check the factor(s) which you believe are the reasons for the DISCRIMINATION:

Race	<input type="checkbox"/>	Age	<input type="checkbox"/>	Disability	<input type="checkbox"/>
Sex	<input type="checkbox"/>	National Origin	<input type="checkbox"/>	Religious Beliefs	<input type="checkbox"/>
Color	<input type="checkbox"/>	Sexual Orientation	<input type="checkbox"/>	Marital Status	<input type="checkbox"/>
				Gender Identification/Expression	<input type="checkbox"/>

Please check the factor which you believe are the reasons for HARASSMENT:

Sex ☐

First date of incident: _____ Last Date of Incident: _____

Describe the action(s) that you think was discriminatory or harassing (please be specific).



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What information or evidence do you have or know of which might prove that the action(s) was discriminatory or harassing?			
List any witnesses or persons who have specific information about the above action(s) or the events leading to the above incident(s).			
Name: _____ Address: _____ Telephone #: _____ Include area code		Title: _____ Expected Testimony: _____	
Name: _____ Address: _____ Telephone #: _____ Include area code		Title: _____ Expected Testimony: _____	
Name: _____ Address: _____ Telephone #: _____ Include area code		Title: _____ Expected Testimony: _____	
What do you want the Detroit Human Rights Department to do about the above matter?			
Claimant's Signature _____		Human Rights Specialist _____	
Date _____		Date _____	
Mail or fax to the Human Rights Department, 2 Woodward Ave., Coleman A. Young Municipal Ctr., Ste 1240, Detroit 48226 Phone: (313) 224-4950, (313) 224-2942 Facsimile: (313) 224-3434			